



Michael R. Pence, Governor
State of Indiana

Division of Disability and Rehabilitative Services
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CIH Implementation Subcommittee Meeting Minutes

Date/Time: February 16, 2016 10:00am - 3:00pm

Place: Indiana Mentor
8925 N Meridian Street
Suite # 200
Indianapolis, IN 46260

Attendees:

Cathy Robinson BDDS	Joe Kowalski The Mentor Network
Teresa Grossi Center on Community Living and Careers	Jill Dunn Bona Vista Programs, Inc.
Kim Dodson The Arc of Indiana	Mark Robinson BDDS
Joy Greeney Advocacy Links, LLC.	Steve Sackstedder Four Rivers Resources Services
Kelly Barnett Arc of Evansville	Kemberly Dailey-Johnson LifeDesigns
Clint Bolser Logan Community Resources, Inc.	Janet Dieterly Bona Vista Programs – Board Member/Parent
Jeff Frady Indiana Mentor	Thom Hayes BDDS
Kelly Kaufman BDDS	Bethany Jasper Four Rivers Resource Services

➤ Introductions

Topics

- Review of Subcommittee Resource Packet
 - Policy & Procedures Visuals
 - Open Door Laws – FAQ's
 - Service Definition Matrix
 - Home and Community Based Services – FAQ's



- Services Definitions
 - Adult Family (AFL)
 - Behavioral Support Services
 - Case management
 - Transportation for Community Employment/Volunteerism
 - Enhanced Residential Living (ERL)
 - Intensive Residential Supports – Behavioral
 - Intensive Residential Supports – Medical
 - Intensive Support Coordination
 - Non-medical Transportation
 - Participant Assistance and Care
 - Remote Support Technology
 - Residential Habilitation & Supports
 - Residential Habilitation and Support – Daily (RHS Daily)
 - Wellness Coordination
- Clinical Review Team

The Resource Packet can be found online on the CIH Transform webpage

Discussion

- Subcommittee participated in group discussions
 - **Communication and Outreach Strategies for the CIH Waiver**
 - **How does DDRS introduce the new services to families?**
 - Communications and Outreach
 1. All stakeholders get the information at the same time
 2. Same information (e.g. wellness coordination) to all parties
 3. Joint training
 4. User-friendly in language for all audiences
 5. Reduce and or eliminate interpretation
 6. Consistent person message
 - Delivering the message
 1. Marketing blitz – focus on the positive
 - a. Transitional for those who need intensive supports
 - b. More time spent with the individual vs documentation
 - c. Continuity of care: process, flexibility
 - d. Wellness – work with community mental health centers
 - e. Residential options
 - f. Incentivize integrated settings
 - g. Transportation
 - h. Changes will allow individuals to work in the community
 - i. Opportunities that lead to success and meaningful outcomes
 - j. Creating a visual diagram of the process – how the State works with CMS and who CMS is
 - k. CIH Implementation/Person centered planning expectations – focus on the client not the services
 2. Providers – online message about the changes

- a. Key changes and the impact
 - Why it's happening and the importance
 - "What it means to me"
 - b. Users – Face to face
 - 3. Message delivered in three parts
 - a. Change is coming – April/May – the why and advantages
 - b. The change is near – June/July – highlight changes
 - c. The change is here – August/September – what you should be doing now
 - 4. Ways of delivering the message
 - a. Social media
 - b. Mailings - newsletters
 - c. Chalk drawing much like the one VR did on their services
 - d. Recorded message - Webinars
 - e. Working with partners – The Arc/INARF
 - f. Providers
 - g. Self-advocates
 - h. Local community entities – United Way
 - i. Creating an info graphic
 - j. Adding a message to the provider system – Advocare
 - k. Message will need to be in multiple languages (Spanish)
- **Why the change is happening**
 - National Level
 - 1. Federal mandate
 - 2. In line with Home and Community Based Services (HCBS) Rule & Expectations
 - 3. Quality of care
 - State Level
 - 1. Expanding options & flexibility for providers
 - 2. Common sense solutions
 - 3. The change will not affect everyone – this is part of the positive message
 - 4. Highlight the good – what is working well
 - 5. Quality of care
 - 6. Finding better ways to serve the individuals we serve
 - Local Level
 - 1. Rate restoration
 - 2. Quality of care
 - 3. User is at the center of the work being done
- **What are the unknowns – things out of BDDS' control**
 - Timeframe of Implementation due to CMS
 - Can't anticipate the questions that will be presented by CMS
 - Timeframe to respond to formal questions presented by CMS
 - Once approval is given – implementation needs to be done quickly
 - Rumors or miscommunication of changes – develop educational materials explaining process – debunk rumors

- CMS dollars vs State dollars – the consequences if we don't comply with HCBS regulations
 - Timeline to ramp up communication with the public
- **Selection of services and budget creation**
 - **Guiding Principles – Person Centered Planning**
 - The voice of the person
 - Team participation and input
 - Case managers meeting for the initial interview will provide an overview of the process – initial person centered planning, risk, medications, etc.
 - Look at setting standards for case manager for consistency – implementation plan
 - The person-centered planning process needs to be fluid
 - Informed of services in a user-friendly way – case managers' role in educating families on provider options
 - Changes to the HCBS 14 (c) Subminimum Wage Certificate Program – changes in services and how that impacts services
 - Services align to person-centered planning – allow the person to guide the process
 - Services link to outcomes
 - Professionalism (e.g. don't talk about other providers)
 - Checks/balances for conflict of interest
 - Grievance procedures
 - Code of ethics – enforced code of ethics
 - Expectation of team members to understand process and commit to provide /contribute to plan
 - Inform families of expectations – i.e. - (what to anticipate) and – forms needed by providers and providing an explanation of unfortunate duplications
 1. Process is a conversation vs a checklist
 2. Why is this important to the individual/family
 - **What not to do:**
 - Come to the initial person-centered planning with a preconceived plan
 - Budget dictating the services and not the client wants/needs
 - Recycling of old goals – Plans not updated with new goals

Planning Ahead

- March
 - Budget creation and selection of services

Task

- BDDS will provide the group with HCBS requirements/expectations on person centered planning process
- BDDS will look at examples of Fact Sheets and share with the subcommittee for feedback

Next Meeting

- March 22, 2016 10:00AM – 3:00PM – Indiana Mentor – 8925 N Meridian Street, Suite 200, Indianapolis, IN 46260